

REMARKS

In view of the arguments that follow, applicants respectfully submit that all of the pending claims are in condition for allowance.

Rejection of Claims 28, 32, 35, and 36 Under 35 U.S.C. § 102(e)

Claims 28, 32, 35, and 36 have been rejected under 35 U.S.C. § 102(e) as being anticipated by Streit et al. (U.S. Published Patent Application No. 2002/0119921).

A claim is anticipated when "each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference." (*Intra Corp. v. Hamer Laser Instruments, Inc.*, 4 U.S.P.Q.2d 1337, 1351 (1987)) Claim 28, from which Claims 32, 35, and 36 depend, recites a method of locally decreasing the amount or biological activity of thrombospondin-2 in an animal, wherein a medical device adapted to be affixed to, or implanted within, soft tissue of an animal, is introduced into an animal, and wherein the medical device comprises antisense thrombospondin-2 nucleic acid molecules.

To the best of applicant's knowledge and belief, Streit et al. does not disclose the foregoing limitations of Claim 28. In particular, to the best of applicant's knowledge and belief, Streit et al. does not disclose an implantable medical device comprising antisense thrombospondin-2 nucleic acid molecules, or the use of an implantable medical device, comprising antisense thrombospondin-2 nucleic acid molecules, to locally decrease the amount or biological activity of thrombospondin 2 in an animal.

At page 1, paragraph 0007, Streit et al. does disclose the use of an implantable controlled release device to increase TSP-2 activity, for example by releasing nucleic acid molecules that encode TSP-2:

[0007] TSP-2 activity can also be increased by controlled delivery to the subject of a TSP-2 nucleic acid, or a TSP-2 protein, fragment, or analog. A TSP-2 nucleic acid, protein, fragment, or analog can be administered to the subject in combination with a controlled release device, e.g., a biocompatible polymer, micro particle, or mesh. The device can reduce degradation and control the release of the TSP-2 nucleic acid, protein,

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fragment, or analog. Such a TSP-2 biocompatible controlled release system can be administered to the subject, e.g., by injection or implantation, e.g., intramuscularly, subcutaneously, intravenously, or at an organ, joint cavity, or at a lesion. (underline added)

Applicants note that the Streit et al. publication discloses methods for decreasing TSP-2 activity (see, paragraphs 0049 through 0051), but applicants submit that the Streit et al. publication does not disclose that TSP-2 activity can be decreased by introducing antisense TSP nucleic acid molecules in association with a controlled release device, or some other implantable device. Thus, Streit et al. does not anticipate Claim 28, or claims dependent therefrom, of the present application.

With respect to new Claim 37, applicants note that, to the best of applicant's knowledge and belief, Streit et al does not teach or suggest the desirability of reducing the foreign body reaction against an implanted medical device, nor that antisense TSP-2 molecules can be used to reduce the foreign body reaction against an implanted medical device.

CONCLUSION

In view of the foregoing arguments, applicants submit that all of the pending claims are in condition for allowance. Reconsideration and favorable action are requested.

Respectfully submitted,

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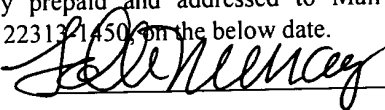


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